| FALENT APPLICA | ATION FEE DETERM (flective Jawang) , 20 | IINATION REC 003 | ORD | 1 AGI | 157 | | |
|--|---|--|---|---------------|----------------|------------------------|------|
| J CLAIM | S AS FILED - PART I | | SMAL | L ENTITY | 603 | 18 | _ |
| TOTAL CLAIMS | (Column 1) | (Column 2) | TYPE | | _ UK St | ITHER THA SALL ENTI | II) |
| FOR | - Medical Control | MUNION EXTRA | BASIC | | - | ATE FO | : C: |
| TOTAL CHARGEABLE GLAIR | 15 mans 20 - | | · | | ORBASI | C I'EE 170. | .00 |
| NDEPENDENT CLAIMS | nume: 3 | · | \ | : | OB 34 | 18: | |
| NULTIPLE DEPENDENT CLAII | A PRESENT | | Y.4:: | | OR | 6 | |
| If the difference in column 1 | is less than zero, enter "C |)" in column 2 | +140:: | | OR +28 | 0:: | |
| | AMENDED - PART (| | TOTAL | | on tor | ۸۱ | _ |
| (Column 1 | | 2) (Column 3) | SMALL | ENTITY | OTH Uli SMA | ER THAN LL ENTITY | , |
| REMAINING AFTER | NUMBER | DOSSENT | RATE | ADDI- | | ADDI | |
| Total . 90 | Minus 27 | EATHA | | TIONAL FEE | RATI | TIONA FEE | L |
| Independent . C | Minus 444 | | X\$ 9= | c | A X\$18 | = | |
| FIRST PRESENTATION OF M | NULTIPLE DEPENDENT CL | AIM | X12= | 0 | R X86= | | 7 |
| 11405 1701 | 9 | | +140= | 0 | R +280= | | 1 |
| (Column 1) | (Column 2) | | ADDIT FEE | 01 | TOTA | E | 1 |
| CLAIMS REMAINING | HIGHEST NUMBER | (Column 3) | | ADDI- | | | |
| AFTER AMENDMENT | PREVIOUSLY PAID FOR | EXTRA | | TONAL | RATE | ADDI- TIONAL | l |
| otal andependent and andependent and andependent and andependent and | Minus 37 | = / | X\$ 9= | OR | X\$18= | FEE | |
| IRST PRESENTATION OF MU | Minus () | - | X42= | | X86 = | | |
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| | | | TOTAL | OR | +280= TOTAL | ho | |
| (Column 1) CLAIMS | (Column 2) | (Column 3) | ODIT FEE | JON | ADDIT. FEE | MO | |
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| AMENOMENT . | PAID FOR | EXTRA | | DNAL EE | RATE | TIONAL FEE | |
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| ST PRESENTATION OF MULT | | | X42= | OR | X86 | | |
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| entry in column 1 is less than the e "Highest Number Previously Paid f "Highest Number Previously Paid f | ntry in column 2, write "0" in column 5, write wite "0" in column 5, write wite wite wite wite wite wite wite w | JMN 3. 🖳 | TOTAL | OR | TOTAL | | |
| Highest Number Previously Paid F Kighest Number Previously Paid F | or IN THIS SPACE is less than in (Total or Independent) is the I | 3, enter 3. AD | DIT. FEE | OR A | | | |